

3-22-85

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAX000015016		Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address KEY MECHANICAL SERVICE 10905 Laurel A e., Santa Fe Springs, CA 90670					A. State Manifest Document Number 84341471		
4. Generator's Phone () ART RIVERA					B. State Generator's ID CAX000015016		
5. Transporter 1 Company Name Key Mechanical Service					C. State Transporter's ID		
6. US EPA ID Number CAX000015016					D. Transporter's Phone		
7. Transporter 2 Company Name					E. State Transporter's ID		
8. US EPA ID Number					F. Transporter's Phone		
9. Designated Facility Name and Site Address OMEGA CHEMICAL CORP. 12504 E. Whittier Blvd. Whittier, CA 90602					G. State Facility's ID CAD042245001		
10. US EPA ID Number CAD042245001					H. Facility's Phone 213/698-0991		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)					12. Containers	13. Total Quantity	14. Unit
					No.	Type	M/Vol
a. HAZARDOUS WASTE, LIQUID N.O.S. ORM-E NA9189 (R-11)					003	DM	P
b.							
c.							
d.							
J. Additional Descriptions for Materials Listed Above					K. Handling Codes for Wastes Listed Above R01		
15. Special Handling Instructions and Additional Information							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.							
Printed/Typed Name					Signature		Date Month Day Year
17. Transporter 1 Acknowledgement of Receipt of Materials					Signature		Date Month Day Year
Printed/Typed Name X ANGEL LOPEZ					ANGEL LOPEZ		3 22 85
18. Transporter 2 Acknowledgement or Receipt of Materials					Signature		Date Month Day Year
Printed/Typed Name X ANGEL LOPEZ					ANGEL LOPEZ		3 22 85
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.							
Printed/Typed Name N. JAY Solomon					Signature N. Jay Solomon		Date Month Day Year 10/3/22/85